



Department of Veterans Affairs

**FEDERAL WAGE SYSTEM
EMPLOYMENT AND EXCLUSIVE RECOGNITION REPORT**

1. WAGE AREA

2. DATE OF COUNT

3A. HEADQUARTERS AGENCY NAME

3B. BUREAU OR SERVICE

4A. LOCAL ACTIVITY NAME AND ADDRESS

4B. COUNTY

5A. NAME AND TITLE OF LOCAL ACTIVITY CONTACT

5B. TELEPHONE NUMBER

6A. OCCUPATIONAL INVENTORY OF FWS WAGE EMPLOYEES

SERIES

POSITION TITLE

NO. OF EMPLOYEES

(If necessary, continue listing on separate blank sheets.)

6B. TOTAL NUMBER OF FWS EMPLOYEES UNDER ITEM 6A ABOVE *(Include those listed on separate sheets.)*

7A. LABOR ORGANIZATION HAVING EXCLUSIVE RECOGNITION

7B. NATIONAL AFFILIATION

7C. NO. OF COVERED FWS EMPLOYEES

INSTRUCTIONS FOR COMPLETING VA FORM 5-3470

Item 1. WAGE AREA. Name of area, as listed in Appendix D, FPM Supplement 532-1.

Item 2. DATE OF COUNT. As specified by lead agency and includes employees on the rolls as of this date.

Item 3A. HEADQUARTERS AGENCY NAME. Examples: Department of Agriculture, Department of the Army, General Services Administration.

Item 3B. BUREAU OR SERVICE. Examples: Forest Service, National Guard Bureau, Public Buildings Service.

Item 4A. LOCAL ACTIVITY NAME AND ADDRESS. Show name and address of local installation within the wage area. Do not list a headquarters unit located elsewhere.

Item 4B. COUNTY. Show the county in which the local installation is actually located.

Item 5A. NAME AND TITLE OF LOCAL ACTIVITY CONTACT. List the name and title of the person contacted. Indicate location if other than shown in items 4A and 4B above.

Item 5B. TELEPHONE NUMBER. List the telephone number of the person contacted.

Item 6A. OCCUPATIONAL INVENTORY OF FEDERAL WAGE SYSTEM (FWS) EMPLOYEES. List by grade/series (numerically), position title, and number of employees the inventory of all occupied FWS positions in the local activity. Include only those within the coverage of regular FWS schedules. Exclude employees paid on special schedules, special rates, or otherwise outside the scope of the regular FWS wage schedule. (See FPM Supplement 532-1, S2-2 and S4-3.)

Item 6B. TOTAL NUMBER OF FWS WAGE EMPLOYEES. Show the total number of employees listed under the occupational inventory in item 6A.

Item 7A. LABOR ORGANIZATION HAVING EXCLUSIVE RECOGNITION. Identify organization by name and local number.

Item 7B. NATIONAL AFFILIATION. Identify national organization with which affiliated.

Item 7C. NUMBER OF COVERED FWS EMPLOYEES. Report each unit within the local activity which has exclusive recognition. The count should include all FWS wage employees in the unit where not specifically excluded. For example, when contract specifically excludes supervisors, they should not be counted. Contracts should be carefully reviewed to ascertain coverage.